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Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

Par	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	174,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	19,936.31
	1c. Copy line 63, Total of all property on Schedule A/B	\$	193,936.31
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	233,201.59
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	31,217.92
	Your total liabilities	\$	264,419.51
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	0.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,628.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	nedules.
7.	■ Yes What kind of debt do you have?		

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Charles William Reynolds

Case number (if known) 16-51200

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______9,714.54

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this information to identify your case:						
Charles William Reynolds						
First Name	Middle Name	Last Name				
First Name	Middle Name	Last Name				
ankruptcy Court for the:	WESTERN DISTRICT (OF VIRGINIA				
16-51200						
	Charles William R First Name First Name ankruptcy Court for the:	Charles William Reynolds First Name Middle Name First Name Middle Name Middle Name Middle Name WESTERN DISTRICT O	Charles William Reynolds First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt								
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	☐ You are claiming federal exemptions. 11 t	You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
	2002 Ford F250 Super Crew 55000 miles	\$8,204.00		\$6,000.00	Va. Code Ann. § 34-26(8)					
	Location: 1561 Carpers Pike, Gore VA 22637			100% of fair market value, up to any applicable statutory limit						
	Line from Schedule A/B: 3.1									
	2002 Ford F250 Super Crew 55000 miles	\$8,204.00		\$2,204.00	Va. Code Ann. § 34-4					
	Location: 1561 Carpers Pike, Gore VA 22637			100% of fair market value, up to any applicable statutory limit						
	Line from Schedule A/B: 3.1									
	2006 Snowbear Trailer Location: 1561 Carpers Pike, Gore	\$300.00		\$300.00	Va. Code Ann. § 34-4					
	VA 22637 Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit						
	Bed, dresser, tools, sofa, chairs, rugs, lamps, wardrobes, desk, grill,	\$2,000.00		\$2,000.00	Va. Code Ann. § 34-26(4a)					
	bicycle, art, washer, dryer, cookware, small appliances, groceries Location: 1561 Carpers Pike, Gore VA 22637			100% of fair market value, up to any applicable statutory limit						
	Line from Schedule A/B: 6.1									

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De	ebtor 1 Charles William Reynolds			Case number (if known)	16-51200
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Computer, tv, game system, phone Location: 1561 Carpers Pike, Gore	\$400.00		\$400.00	Va. Code Ann. § 34-26(4a)
	VA 22637 Line from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	
	Springfield XD CAZ .45 Location: 1561 Carpers Pike, Gore	\$350.00		\$350.00	Va. Code Ann. § 34-26(4b)
	VA 22637 Line from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	
	Clothing Location: 1561 Carpers Pike, Gore	\$200.00		\$200.00	Va. Code Ann. § 34-26(4)
	VA 22637 Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Bank of Clarke County Line from Schedule A/B: 17.1	\$27.31		\$27.31	Va. Code Ann. § 34-4
	Line Holli Schedule PVB. 17.1			100% of fair market value, up to any applicable statutory limit	
	Federal: 2016 Prorated Line from Schedule A/B: 28.1	\$1.00		\$1.00	Va. Code Ann. § 34-4
	Line Holli Schedule PVB. 20.1			100% of fair market value, up to any applicable statutory limit	
	State: 2016 Prorated Line from Schedule A/B: 28.2	\$1.00		\$1.00	Va. Code Ann. § 34-4
	Line nom <i>Schedule PVB</i> . 20.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No			led on or after the date of adjustmen	ıt.)
	Yes. Did you acquire the property cover	red by the exemption wi	ithin 1	,215 days before you filed this case?	?
	_ 100				

☐ Yes

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Debtor 1 Charles William Reynolds First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA
First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name
First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA
Case number _16-51200
(if known) ■ Check if this is an
amended filing
Official Form 100D
Official Form 106D
Schedule D: Creditors Who Have Claims Secured by Property 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).
1. Do any creditors have claims secured by your property?
☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
Yes. Fill in all of the information below.
Part 1: List All Secured Claims
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately Column A Column B Column B
for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured
much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the value of collateral. that supports this value of collateral.
2.1 Capital One Auto Describe the property that secures the claim: \$10,510.00 \$8,453.00 \$2,057.0
Creditor's Name 2014 Nissan Versa 42000 miles
Location: 1561 Carpers Pike, Gore
VA 22637 As of the date you file, the claim is: Check all that
PU BOX 259407 apply.
Plano, TX 75025 Contingent
Number, Street, City, State & Zip Code Unliquidated
Who owes the debt? Check one. Nature of lien. Check all that apply.
■ Debtor 1 only ☐ An agreement you made (such as mortgage or secured car loan) ☐ Debtor 2 only
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien)

Purchase Money Security

3188

☐ Judgment lien from a lawsuit

■ Other (including a right to offset)

Last 4 digits of account number

lacksquare At least one of the debtors and another

 \square Check if this claim relates to a

Date debt was incurred 2014

community debt

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Deb	Debtor 1 Charles William Reynolds			Case number (if known)	16-51200	
	First Name Middle N	lame Last Name	_			
2.2	Wells Fargo Home Mortgage	Describe the property that secures	the claim:	\$222,691.59	\$174,000.00	\$48,691.59
	Creditor's Name	1561 Carpers Pike Gore, VA Frederick County	22637			
	PO Box 10335 Des Moines, IA 50306-0335	As of the date you file, the claim is: apply. Contingent	Check all that			
Number, Street, City, State & Zip Code Unliquidated						
Who	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	Debtor 1 only Debtor 2 only	☐ An agreement you made (such as car loan)	mortgage or se	cured		
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
	at least one of the debtors and another	☐ Judgment lien from a lawsuit				
	Check if this claim relates to a community debt	Other (including a right to offset)	Mortgage			
Date	e debt was incurred	Last 4 digits of account num	ber			
Ad	ld the dollar value of your entries in C	Column A on this page. Write that num	ber here:	\$233,201	.59	
	his is the last page of your form, add rite that number here:		\$233,201	.59		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debtor 1 Charles William Reynolds Print Name Models Name Last Name Debtor 2 (Segone 4, Ring) First Name Models Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA Case number 16-51200 (If second) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Ba as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or unexpired bases that could result in a claim. Aso list executory contracts or with partially secured claims that are listed in which are listed in the claim in a country of the part of the											
Debtor 2 (Spouse It, first) First Name Middle Name Last Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA Case number 16-51200 (If brown) In Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Base acomplete and accurate as possible. Use Part 1 for creditors with PRIDRITY claims and Part 2 for creditors with NONPRIDRITY claims. List the other party to any oxecutory contracts on schedule Als: Propagited Issess that could result in a claim. Also list overcutory contracts on Schedule Als: Propagited Issess that could result in a claim. Also list overcutory contracts on Schedule Als: Propagited Issess that could result in a claim. Also list overcutory contracts on Schedule Als: Propagited Issess that could result in a claim. Also list overcutory contracts on Schedule Als: Propagited Issess that could result in a claim. Also list overcutory contracts on Schedule Als: Propagited Issess that could result in a claim. Also list overcutory contracts on Schedule Als: Propagited Issess (Pricial Form 1965). Do not include any creditors with Nave Units that a related in the Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Party ou need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: It all of your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. 6 to Part 2. I ves. 2. List all of your PRIORITY Unsecured claims is it a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabeted order according in Part a related in the claim is the creditor's name. If you have more than two priority unsecured claims, fill out the Continu	Fill	l in this inf	ormation to identify you	r case:							
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA Case number 16-51200 (If Novem) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate a spossible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Bis. Property (Official Form 106A/B) and on Schedule Bis. Creditors With Priority and secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the first Attach the Continuation Page to this page, if you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Part 2: List all of your priority unsecured claims, If a creditor has more than one priority unsecured claim, list the creditor spearately for each claim. For each claim issed, identify what you of claim is its. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other reditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditor's Name PO Box 7346 When was the debt incurred? Priority Creditor's Name PO Box 73	De	btor 1	Charles William	Reynolds							
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA Case number (M toown) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party of secure outlands on Schedule 6: Executory contracts or unseprired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 6: Executory contracts and Unexpired Leases (Official Form 106B/B) and on Schedule 8: Property (Official Form 106B/B) and on Schedule 9: Property (Official Form 106B/B) and on Schedule 9: Property (Official Form 106B/B) and on Schedule 9: Property (Official Form 106				•	Name	La	st Name				
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA Case number 16-51200 (if vrown) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Bas complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party it any asseutory contracts on schedule Air Property (Official Form 196A/B) and on Schedule D: Creditors Wino Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims No. Go to Part 2. Yes. List all of your priority unsecured claims is fa creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in shipbatectial order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, sist the order on the priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, sist the order on the priority unsecured claims. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in shapebate order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, sist the other creditors in Part 3. (For an explanation of each type of claim, se											
Case number 16-51200 (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIDETY claims and Part 2 for creditors with NONPRIDETY claims. List the other party to several contents and content and unsaying the claims and part 2 for creditors with NONPRIDETY claims. List the other party to several contents and unsaying the claims and part 2 for creditors with NONPRIDETY claims. List the other party to several contents and unsaying the claims and part 2 for creditors with NONPRIDETY claims. List the other party to several contents and unsaying the claims and part 2 for creditors with NONPRIDETY claims. List the other party to several contents and accurate and contents and unsaying the claims and part 2 for creditors with NONPRIDETY claims. List the other party to several contents and accurate and unsaying the contents and accurate and	(Spo	ouse if, filing)	First Name	Middle	Name	La	st Name				
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any execurory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106C). Do not include any creditors with partally secured claims that are listed in Schedule 0: Creditors with diversity of the Part you need, fill it out, number the entries in the boxes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No 60 to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is is. If a creditor has more than one priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditor's Name PO Box 7346 Philadelaphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Check if this claim is for a community debt is the claim subject to offset? Taxes and certain other debts you owe the government Check if this claim is for a community debt If axes and certain other debts you owe the government Check if this claim is for a community debt	Un	ited States	Bankruptcy Court for the:	WESTER	N DISTRICT	Γ OF VIRGIN	IA				
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property Official Form 106A/B) and on Schedule O: Executory Contracts and Unexpired Leases (Official Form 106A). Do not include any creditors with partially secured claims that are listed bin schedule O: Executory Contracts and Unexpired Leases (Official Form 106A). Do not include any creditors with partially secured claims that are listed on the list. Attach the Continuation Page to his page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: If Continuation Page to his page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: If no of the Part 2 for creditor has a partially secured claims. If a creditor has more than one priority unsecured claims, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a creditor has more than one priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular daim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Postor 1 and Debtor 2 only Postor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Check if this claim is for a community debt is the claim subject to offset? Taxes and certain other debts you owe the government Check if this claim i	Ca	se number	16-51200								
Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases (thricklaim) in a claim. Also list executory contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule of Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule of Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page, If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims against you? No. Go to Part 2. Yes. 1. If more than one creditor holds a particular claim, list the cireditor sname. If you have more than two priority and nonpriority amounts. As much as possible, list the claims in a plababetical order according to the creditors name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Your priority unsecured claims. You have more than two priority unsecured claims, list the other creditors in Part 3. You have more than two priority and nonpriority amounts. As much as particular claim, list the other creditors in Part 3. Your priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-734	(if k	nown)							■ Ch	eck if this is	an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule Dr. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.									am	ended filing	
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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 105A/B) and on Schedule 5: Executory Contracts and Unexpired Leases (Official Form 105G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, Ill It out, number the entries in the boxes on the feet. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1											
any executory contracts or unexpired leases that could result in a claim. Also list executory contracts and Unexpired Leases (Official Form 106A/B) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) IRS Last 4 digits of account number PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government State Claims used to offset?	<u>Sc</u>	hedule	E/F: Creditors V	Who Have	<u>e Unsec</u>	cured Cl	aims			12/1	15
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identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) IRS Last 4 digits of account number Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Claims for death or personal injury while you were intoxicated		Yes.									
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IRS Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No At least one of the debter? No No No No No No No No		(For an exp	lanation of each type of claim	, see the instruc	tions for this f	form in the inst	ruction booklet.)				
IRS								Total claim	•		
Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	2.1	IRS			Last 4 digits	of account nu	ımber	\$0.00			\$0.00
Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply Contingent Dent is: Check all that apply Topic claim is: Check all that apply Topic claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply Topic claim is: Check all that apply Topic claim is: Check all that apply Topic claim is: Check all that apply Contingent Dent is: Check all that apply Topic claim is: Check all that apply Topic claim is: Check all that apply Contingent Tape of PRIORITY unsecured claim: Demestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		Priority			J						******
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify					When was th	ne debt incurre	ed? 		_		
Who incurred the debt? Check one. Contingent Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Demostic support obligations Debtor 1 this claim is for a community debt Is the claim subject to offset? No Contingent Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify					As of the dat	te vou file. the	claim is: Check al	I that apply			
□ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Ot					_	•					
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Other. Specify		■ Debtor	1 only		☐ Unliquidat	ted					
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify		☐ Debtor	2 only		☐ Disputed						
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify		☐ Debtor	1 and Debtor 2 only			ORITY unsecu	red claim:				
□ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify				her	☐ Domestic	support obligat	tions				
Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated No ☐ Other. Specify		_			Taxes and	d certain other	debts you owe the	government			
■ No □ Other. Specify					_						
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Debt	or 1 Charles William Reynolds	Case number (if known) 16-5	1200	
2.2	VA Dept of Taxation	Last 4 digits of account number \$0.00	\$0.00	\$0.00
	Priority Creditor's Name Bankruptcy Unit PO Box 2156 Biokraph VA 22248	When was the debt incurred?		
	Richmond, VA 23218 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	Contingent		
	■ Debtor 1 only	☐ Unliquidated		
	□ Debtor 2 only	Disputed		
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
	_	Domestic support obligations		
	At least one of the debtors and another	_		
	Check if this claim is for a community debt	Taxes and certain other debts you owe the government		
	Is the claim subject to offset? ■ No	Claims for death or personal injury while you were intoxicated		
	■ No □ Yes	Other. Specify		
4. L u th	nsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	alphabetical order of the creditor who holds each claim. If a creditor has aim. For each claim listed, identify what type of claim it is. Do not list claims al creditors in Part 3.If you have more than three nonpriority unsecured claims fi	lready included in Pa	rt 1. If more
Р	art 2.		Total clai	im
4.1	Andrew Reynolds	Last 4 digits of account number		\$2,000.00
	Nonpriority Creditor's Name 1527 Carper's Pike Gore, VA 22637	When was the debt incurred?		<u> </u>
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not	
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	∏ Yes	Other Specify General Living Expenses		

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Barclays Bank Delaware	Last 4 digits of account number	8481	\$2,285.00
Nonpriority Creditor's Name	Last 4 digits of account number		\$2,265.00
PO Box 8803	When was the debt incurred?	2012	
Wilmington, DE 19899 Number Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	15. Спеск ан тат арргу	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	aration agreement or divorce that you did not		
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit card		
Diamen Cos 9 Prenens	l and 4 dimits of account mumber	0040	\$204.68
Blosman Gas & Propane Nonpriority Creditor's Name	Last 4 digits of account number	9048	\$204.00
107 W Main St	When was the debt incurred?	2018	
Berryville, VA 22611 Number Street City State Zip Code	As of the date you file, the claim	in Charle all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim		
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify General Liv	ving Expenses	
Capital One	Last 4 digits of account number	8367	\$1,311.00
Nonpriority Creditor's Name		2042	
PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	2012	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	

☐ Yes

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Debtor	1 Charles William Reynolds	Case number (if known) 16-51200						
4.5	Clay Whitacre	Last 4 digits of account number	\$5,000.00					
	Nonpriority Creditor's Name		· •					
	PO Box 25 Gore, VA 22637	When was the debt incurred?						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	,						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:						
	At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt							
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other Specify General Living Expenses						
	I res	Other. Specify Control Living Expenses						
4.6	Comenity Bank - Gander Mountain	Last 4 digits of account number 9041	\$617.00					
	Nonpriority Creditor's Name PO Box 182789 Columbus, OH 43218	When was the debt incurred? 2015						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
		☐ Student loans						
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	■ Other. Specify Credit card purchases						
4.7	Comenity Bank - Victoria's Secret Nonpriority Creditor's Name	Last 4 digits of account number 7815	\$1,433.00					
	PO Box 182789	When was the debt incurred? 2013						
	Columbus, OH 43218							
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	Student loans						
	debt	\square Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	Yes	■ Other. Specify Credit card purchases						

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Debto	Charles William Reynolds	Case number (if known) 16-51200	
4.8	Credit Acceptance Corp Nonpriority Creditor's Name PO Box 5070 Southfield, MI 48086	Last 4 digits of account number When was the debt incurred?	\$0.00
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Notice	
4.9	Credit One Bank	Last 4 digits of account number 4131	\$1,844.00
	Nonpriority Creditor's Name PO Box 98872 Las Vegas, NV 89193	When was the debt incurred? 2012	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No □ Yes	 □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card purchases	
1			
4.1 0	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number 8261	\$636.00
	PO Box 98872 Las Vegas, NV 89193 Number Street City State Zip Code	When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Credit card purchases	

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Debt	Charles William Reynolds	Case number (if known) 16-51200	
4.1	IRS	Lord Addition of account assessed	\$0.00
1	Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	PO Box 7346	When was the debt incurred?	
	Philadelphia, PA 19101-7346 Number Street City State Zip Code	As of the date year file the plains in Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Notice	
4.1	Lending Club	Last 4 digits of account number 8969	\$13,242.67
2	Nonpriority Creditor's Name	Last 4 digits of account number 8909	Ψ10,242.07
	71 Stevenson St, Ste 300 San Francisco, CA 94105	When was the debt incurred? 2015	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other Specify General Living Expenses	
	— 165	Other. Specify Control Living Expenses	
4.1 3	One Advantage	Last 4 digits of account number 1049	\$470.26
	Nonpriority Creditor's Name 1232 W State Rd 2	When was the debt incurred?	
	La Porte, IN 46350 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other, Specify General Living Expenses	

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Deb	tor 1 Charles William Reynolds	Case number (if known) 16-51200	
4.1	Specialized Loan Servicing	Lost A divite of consumt number	\$0.00
4	Nonpriority Creditor's Name 8742 Lucent Blvd, Ste 300 Littleton, CO 80129	Last 4 digits of account number When was the debt incurred?	Ψ0.00
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Notice	
4.1	Synchrony - HH Gregg	Last 4 digits of account number 9407	\$780.00
5	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ. σσ.σσ
	PO Box 965036 Orlando, FL 32896	When was the debt incurred? 2016	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card purchases	
4.1 6	Synchrony Bank - Care Credit	Last 4 digits of account number 3123	\$846.00
	Nonpriority Creditor's Name PO Box 965036	When was the debt incurred? 2016	
	Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date you me, the claim is. Chook an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
			

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Debtor 1 _	Charles W	Villiam Reynolds		Case nu	umber (if known)	16-51200	
4.1 Sy	nchrony	Bank - Walmart	Last 4 digits of account number				\$548.31
PO	Description of the control of the co	024	When was the debt incurred?	2014			
Nur		79998 City State Zip Code he debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
	Debtor 1 only	V	☐ Contingent				
	Debtor 2 only	V	☐ Unliquidated				
_	-	d Debtor 2 only	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
_		s claim is for a community	☐ Student loans				
deb	ot	bject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or divorce	that you did not	
.		.,	Debts to pension or profit-sharing	ng plans a	and other similar de	bts	
	Yes		Other. Specify Credit card				
4.1 VA	Dept of	Taxation	Last 4 digits of account number				\$0.00
10 1	npriority Cred		Last 4 digits of account number				
	nkruptcy Box 215		When was the debt incurred?				
		VA 23218					
		City State Zip Code he debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
_							
_	Debtor 1 only		☐ Contingent				
_	Debtor 2 only		☐ Unliquidated				
_		Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaimı			
		of the debtors and another	Student loans	u Ciaiii.			
L. ∪ deb		s claim is for a community	☐ Obligations arising out of a sepa	aration ag	roomant or divorca	that you did not	
Is the	he claim sul	bject to offset?	report as priority claims Debts to pension or profit-sharing	_		-	
_			·	ig plans, i	and other similar de	DIS	
	Yes		Other. Specify Notice				
Part 3:	List Others	to Be Notified About a Debt T	hat You Already Listed				
is trying to have more	collect from	rou have others to be notified abou m you for a debt you owe to some reditor for any of the debts that yo in Parts 1 or 2, do not fill out or su	one else, list the original creditor in u listed in Parts 1 or 2, list the add	n Parts 1	or 2, then list the	collection agency	here. Similarly, if you
Part 4:	Add the Ar	mounts for Each Type of Unsec	cured Claim				
	amounts of o	certain types of unsecured claims. im.	This information is for statistical	reporting	purposes only. 28	U.S.C. §159. Add	the amounts for each
						Claim	
Total claims		Domestic support obligations		6a.	\$	0.00	
from Part 1		Taxes and certain other debts yo	u owe the government	6b.	\$	0.00	
	6c.	Claims for death or personal inju		6c.	\$	0.00	-
	6d.	Other. Add all other priority unsecu	red claims. Write that amount here.	6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a through	n 6d.	6e.	\$	0.00	
					Total	Claim	
Total		Student loans		6f.	\$	0.00	
claims from Part 2		Obligations arising out of a separation you did not report as priority clai		6g.	\$	0.00	

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Debtor 1	Charles V	Villiam Reynolds	Case nu	ımber (if known)	16-51200	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	31,217.92	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	31,217.92	

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Fill	in this information to identify your	case:							
Deb	otor 1 Charles Wi	lliam Reynolds			_				
	otor 2 use, if filing)				_				
Uni	ted States Bankruptcy Court for th	e: WESTERN DISTRICT	OF VIRGINIA		_				
Cas	se number 16-51200				CI	neck if this is:			
(If kn	nown)					An amende	d filing		
						A suppleme	ent showing po as of the follow		
<u>O</u> 1	fficial Form 106I					MM / DD/ Y	YYY		
So	chedule I: Your Inc	ome							12/1
atta	use. If you are separated and yo ch a separate sheet to this form. t1: Describe Employment Fill in your employment	On the top of any addition	onal pages, write you			number (if I	known). Ans	wer every	
	information.		Debtor 1				or non-filing	g spouse	
	If you have more than one job, attach a separate page with	Employment status	☐ Employed			☐ Emplo	•		
	information about additional employers.		Not employed			☐ Not er	nployed		
		Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed the	nere?						
Par	t 2: Give Details About Mo	onthly Income							
spou	mate monthly income as of the ouse unless you are separated. u or your non-filing spouse have m	•					•	•	Ū
more	e space, attach a separate sheet to	o this form.							
					For	Debtor 1	For Debton		
2.	List monthly gross wages, sald deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$	0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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Deb	otor 1	Charles William Reynolds	-	Case	e number (if k	nown)	16-5	1200		
				Fo	r Debtor 1			Debtor		
	Cop	y line 4 here	4.	\$_	-	0.00	\$_		N/A	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	(0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	. \$		0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	. \$	(0.00	\$		N/A	
	5e.	Insurance	5e.		(0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		(0.00	\$_		N/A	
	5g.	Union dues	5g.	_		0.00	\$_		N/A	
	5h.	Other deductions. Specify:	5h.	.+ \$_		0.00	+ \$_		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_		0.00	\$_		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_		0.00	\$_		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	Φ.			•			
	O.L.	monthly net income.	8a.			0.00	\$_		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	. \$_	-	0.00	\$_		N/A	
	oc.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	. –		0.00	* *-		N/A	
	8e.	Social Security	8e.			0.00	\$		N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.	\$_ . \$_		0.00	\$_ \$_		N/A N/A	
	8h.	Other monthly income. Specify:	8h.	· -		0.00			N/A	
		· · · · · 	_	_						
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_		0.00	\$_		N/A	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$	0.00	+ \$		N/A	= \$	0.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							-	
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe						∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						e. 12.	\$	0.00
13.	Do :	you expect an increase or decrease within the year after you file this form No.							Combined monthly in	come
		Yes. Explain: Debtor recently unemployed. Will be seeking So	cial S	Secur	ity disabil	lity.				

Official Form 106l Schedule I: Your Income page 2

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						1		
Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Charles Will	iam Reyr	nolds		Che	ck if this is:	
							An amended filing	
1	tor 2 ouse, if filing)							wing postpetition chapter the following date:
(Opt	ouse, ii iiiiig <i>j</i>							the following date.
Unit	ed States Bankı	ruptcy Court for the	: WESTE	ERN DISTRICT OF VIRGIN	NIA		MM / DD / YYYY	
1		6-51200						
(If kı	nown)							
	(C: -: - 1	4001				•		
		orm 106J						
		J: Your			a filia a ta wath an h	-4h	.all., saasaasaibla f	12/1
				. If two married people ar ach another sheet to this				
		n). Answer eve			·	•		
Par	t 1: Desci	ribe Your House	ehold					
1.	Is this a joir	nt case?						
	No. Go to							
			in a separ	ate household?				
	□N	-	st file Offic	ial Form 106J-2, <i>Expenses</i>	for Separate House	ahold of Del	otor 2	
		es. Debiol 2 mas	st life Offic	iai i oiiii 1000-2, <i>Expenses</i>	Tor Separate House	eriola di Del	JIOI 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
		dia a		одон дорондонинини		-		□ No
	Do not state dependents							☐ Yes
								□ No
								□ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
3.	Do your exp	penses include		l _{No}	-			
		f people other t	han _	Yes				
	yourself an	d your depende	nts? —					
Par		nate Your Ongoi		, ,				
				uptcy filing date unless y ry is filed. If this is a supp				
-	olicable date.		Dankrupic	y is illed. Il tills is a supp	nemental Schedule	J, CHECK I	ne box at the top o	or the form and the mit the
• •								
				government assistance i cluded it on Schedule I:)				
	ficial Form 10						Your exp	enses
4.		or home owners and any rent for th		nses for your residence. I	nclude first mortgag	e 4.	\$	700.00
	. ,	,	e ground c	or lot.				
	If not includ	ded in line 4:						
		estate taxes				4a.	·	0.00
	•	erty, homeowner's				4b.		0.00
				upkeep expenses		4c.		0.00
_		eowner's associat			mana anno 1977 d'a	4d. 5.	·	0.00
ລ.	Auditional i	nortuage paym	ents for V	our residence , such as ho	me equity loans	5.	an a	0.00

Dep	or 1 Charles William Reynolds	Case number (if known)	16-51200
6.	Utilities:		
٠.	6a. Electricity, heat, natural gas	6a. \$	180.00
	6b. Water, sewer, garbage collection	6b. \$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	123.00
	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	400.00
8.	Childcare and children's education costs	8. \$	0.00
9.	Clothing, laundry, and dry cleaning	9. \$	50.00
10.	Personal care products and services	10. \$	50.00
11.	Medical and dental expenses	11. \$	25.00
12.	Transportation. Include gas, maintenance, bus or train fare.	·	
	Do not include car payments.	12. \$	100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14.	Charitable contributions and religious donations	14. \$	0.00
5.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. \$	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	0.00
	15d. Other insurance. Specify:	15d. \$	0.00
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16. \$	0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report a	IS .	
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I)		0.00
19.	Other payments you make to support others who do not live with you.	\$	0.00
	Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sch		
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify:	21. +\$	0.00
	'		
22.	Calculate your monthly expenses		
	22a. Add lines 4 through 21.	\$	1,628.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	1,628.00
			,=====
23.	Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	0.00
	23b. Copy your monthly expenses from line 22c above.	23b\$	1,628.00
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	-1,628.00

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

■ Yes. Explain here: Home to be surrendered. Estimtated future rent listed.

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Fill in this info	rmation to identify your	case:		
Debtor 1	Charles William F	Reynolds		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT O	OF VIRGINIA	
Case number	16-51200			
()				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below			
Die	d you pay or agree to pay someone who is NOT an attorney t	o help	you fill out bankruptcy forms?	
	No			
	Yes. Name of person			etition Preparer's Notice, nature (Official Form 119)
	der penalty of perjury, I declare that I have read the summary t they are true and correct. /s/ Charles William Reynolds Charles William Reynolds Signature of Debtor 1	and s	chedules filed with this declaration and Signature of Debtor 2	
	Date June 14, 2019		Date	

Official Form 106Dec

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FIII III UIIS IIIIOIII	nation to identify your	case:		
Debtor 1	Charles William F	Reynolds		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	WESTERN DISTRICT O	DF VIRGINIA	
Case number 1	6-51200			
(if known)				■ Check if this is an
				amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that

Bid you claim the property as exempt on Schedule C?

Creditor's Capital One Auto name: Description of property securing debt: Capital One Auto 2014 Nissan Versa 42000 miles Location: 1561 Carpers Pike, Gore VA 22637	■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	□ No ■ Yes
Creditor's Wells Fargo Home Mortgage	■ Surrender the property.	□ No
name: Description of 1561 Carpers Pike Gore, VA	Retain the property and redeem it.Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property 22637 Frederick County securing debt:	☐ Retain the property and [explain]:	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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Deb	tor 1	Charles William Reynolds	Case number (if known	16-51200
	sor's n			□ No
	cription perty:	n of leased		☐ Yes
	sor's na			□ No
	cription perty:	n of leased		☐ Yes
Lessor's name: Description of leased Property:				□ No
		n of leased		☐ Yes
Lessor's name: Description of leased Property:				□ No
		n of leased		☐ Yes
Lessor's name: Description of leased Property:				□ No
		n of leased		☐ Yes
	sor's na			□ No
Description of leased Property:		n of leased		☐ Yes
	sor's na			□ No
	cription perty:	n of leased		☐ Yes
Part	3:	Sign Below		
		alty of perjury, I declare that I have indicate nat is subject to an unexpired lease.	ed my intention about any property of my estate that se	cures a debt and any personal
	-	harles William Reynolds	X	
-	Char	rles William Reynolds ature of Debtor 1	Signature of Debtor 2	
	Date	June 14, 2019	Date	